

**Amended Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Portland Community College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: PO Box 19000, Portland, OR 97280 (Mail)
12000 SW 49th Avenue, Portland, OR 97280*

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Dr. Guy K. Sievert

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
12000 SW 49th Avenue, Portland, OR 97280

RECEIVED

Telephone Number of Designated Agent: 503-977-4005

OCT 17 2002

Facsimile Number of Designated Agent: 503-977-4960

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Email Address of Designated Agent: gsievert@pcc.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Portland Community College (OR) 5/21/99

Signature: _____ **Signature of the Designating Service Provider:**

Date: September 18, 2002

Typed or Printed Name and Title: Dr. Guy K. Sievert*
Dean, Academic Services

***Added by CO per
auth. phone call
B. Bruckner,
10/17/02**

**Note: This Amended Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

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